

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10	(1)					
11	(1)					
12	(1)					
13	(1)					
14	(1)					
15	(1)					
16	(1)					
17	(1)					
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	19	↔				
TOTAL CLAIMS	20	↔	↔	↔		

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.		↔				
TOTAL CLAIMS		↔	↔	↔		